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Alexandrai, VA	22313-1404		Tans	(Depositor's name)		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/841,039	09/841,039 04/25/2001 Toshihiro M			018775-824 4356		
FITLE OF INVENTION: APPARATUS AND METHOD FOR DETECTING A PATTERN						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1400	\$300	\$0	\$1700	10/10/2006
EXAMINER ART UNIT			CLASS-SUBCLASS			
SETH, MANAV 2624			382-181000			
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fce Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BUCHANAN INGERSOLL  2 2 3			
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MINOLTA C			OSAKA-SHI, OSAKA <b>91 5C-5501 1400.00 OP</b>			
Please check the appropriate assignee category or categories (will not be printed on the patent):						
la. The following fee(s)    X	No small entity discount p		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).			
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Authorized Signature	91Man C	Ratand		Date9-11-2006  Registration No30,888		
Typed or printed name William C. Rowland Registration No. 30,888						

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